

**VIRGINIA WING CIVIL AIR PATROL
MONTHLY AIRCRAFT UTILIZATION REPORT**

UNIT NAME _____ REPORT FOR THE MONTH OF _____ 19 _____

Type Aircraft _____ N _____ Mission status: (In/Out of service) _____

Date Out _____ Reason _____

Date In _____ OR: Due In _____

1. Tach Time at Month End _____

2. Tach Time 1st of Month _____

3. Flying Hours for Month _____

4. Less Funded Flying Time
(codes A1-A7, B9-B11,
B13-B17, B99 & L1) _____

NET CHARGABLE TIME _____
(Line #3 less line #4, possibly
exempt, see notes)

5. Non-exempt flying time
(codes C-1 and C-3) _____

6. Total chargeable flying time
for month both exempt &
non-exempt _____

7. Multiply line #5 or #6 by the Dry Rate (see IAW VA Supplement 1 to CAPR 66-1)

8. Amount Due at Wing HQ. \$ _____

Enclosed is check # _____ date _____ in the amount of \$ _____

Form completion notes:

Recommended Minimum Aircraft Utilization per Month is **15 hours** of either funded or unfunded flying.

If exempt from the monthly Maintenance Fees IAW VA Wing Supplement 1 to CAPR 66-1, make payment for line #5. If not exempt, make payment for hours shown in line #6.

As stipulated in IAW VA Wing Supplement 1 to CAPR 66-1, submit this form to Wing HQ, along with any payment, by the 10th of the following month.

CORPORATE AIRCRAFT MAINTENANCE INFORMATION (all times shown should be in tach hours):

Date Next Annual is Due _____ Hours Next 100-hour Due _____

_____ TTAF _____

Date ELT Batteries Expire _____ Hours Next Oil Change Due _____ TTE _____

Altimeter/Static Check Due _____ Transponder Check Due _____ TSMOH _____

Wing HQ use only.

Date report received at
Wing HQ.

Signature of Responsible Officer

Print Name and Rank of Responsible Officer